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## BIB DATA SHEET

CONFIRMATION NO. 1609

<b>SERIAL NUMBER</b> 10/800,806	<b>FILING or 371(c) DATE</b> 03/15/2004 <b>RULE</b>	<b>CLASS</b> 713	<b>GROUP ART UNIT</b> 2139	<b>ATTORNEY DOCKET NO.</b> 020.0328.US.UTL		
<b>APPLICANTS</b> Jeffrey A. Von Arx, Minneapolis, MN; Scott J. Healy, Maple Grove, MN; Scott Vanderlinde, Plymouth, MN;						
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/31/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/NICOLE M YOUNG/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance NMY Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> 11	<b>TOTAL CLAIMS</b> 81	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> CASCADIA INTELLECTUAL PROPERTY 500 UNION STREET STE.1005 SEATTLE, WA 98101 UNITED STATES						
<b>TITLE</b> System and method for securely authenticating a data exchange session with an implantable medical device						
<b>FILING FEE RECEIVED</b> 2514	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		